



Client No. 2036		Client Name O.H. Metals				Location 1002 Oswego St. Utica 13502				Date 3/1/87	
Facility Equipment	Detox Clock No. 1	Weapon No. —	Holster —	Nightstick —	Raincoat 1	Flashlight 1	Other Gate, Trailer Keys, Phone				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) otc K. Felix			Officer—Swing Shift (Name) otc Del Vecchio		
						Officer—Grave Shift (Name) otc R. Dealing					
Shift 8 AM Began 8 AM Ended 4 AM						Shift 4 AM Began 4 AM Ended 12 PM			Shift 12 PM Began 12 PM Ended 8 PM		
Observations or actions taken						Observations or actions taken			Observations or actions taken		
Rounds or stations missed						Rounds or stations missed			Rounds or stations missed		
Unlocked doors, gates or windows						Unlocked doors, gates or windows			Unlocked doors, gates or windows		
Unlocked vaults or safes						Unlocked vaults or safes			Unlocked vaults or safes		
Fire-smoke-or hazards						Fire-smoke-or hazards			Fire-smoke-or hazards		
1. Extinguishers missing or defective						1. Extinguishers missing or defective			1. Extinguishers missing or defective		
2. Sprinkler system defective						2. Sprinkler system defective			2. Sprinkler system defective		
3. Fire doors or exits blocked						3. Fire doors or exits blocked			3. Fire doors or exits blocked		
4. Rubbish accumulation						4. Rubbish accumulation			4. Rubbish accumulation		
5. Motors running						5. Motors running			5. Motors running		
6. Lights left burning						6. Lights left burning			6. Lights left burning		
Injury hazards						Injury hazards			Injury hazards		
Visitors Capt. Miller on site						Visitors Capt. Miller on site			Visitors Capt. Miller on site		
Trespassing						Trespassing			Trespassing		
Violation of company rules						Violation of company rules			Violation of company rules		
Remarks 2:20 PM. Detox Clock stopped. I called Capt Miller through Ann Call (311) 3:55 PM. Capt Miller came to set the Detox clock. 3:12 PM Capt. Miller left.											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>	
2. Did you suffer any illness?		Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>	
3. Have you reported all accidents coming to your attention?		Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>	
Signatures		1. Michael M. Miller cpt.		2. Kenneth Felix		3. Del Vecchio		Swing Shift 1. Del Vecchio		2. R. Dealing	
Signatures		2.		2.		2.		Swing Shift 1.		2.	
Signatures		3.		3.		3.		Swing Shift 1.		2.	

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